

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28003

State File No.

FILLED SEP 2 1941

Reg. District No.

169

Primary Registration District No.

5235

Registrar's No.

28

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Brunswick Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days

1 (Specify whether

3. (a) PRINT FULL NAME SARAH ELIZABETH CARR

8. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Edward Carr 6. (c) Age of husband or wife if

7. Birth date of deceased Nov. 2, 1876 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 7 hr. min.

9. Birthplace Marceline Mo (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name M. M. Ferguson

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Frances Price

15. Birthplace Brunswick Mo (City, town, or county) (State or foreign country)

16. (a) Informant Edward Carr

(b) Address Brunswick Mo

17. (a) Burial (b) Date thereof 7 11 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo

18. (a) Signature of funeral director L. W. Moore

(b) Address Brunswick Mo

19. (a) July 10, 1941 (b) Harry E. Sutton (Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Brunswick Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1941 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-2-41 to 7-9-41, 19____, to 7-9-41, 19____; that I last saw her alive on 7-9-41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of the mediastinum (bronchus) left breast 1 yr. 2 yrs.

Due to Carcinoma of the left breast 1 yr.

Due to

Other conditions H. H. Stuart, M. D. (Include pregnancy within 3 months of death.)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. H. Stuart, M. D. (M. D. or other)

Address Brunswick Mo Date signed 7-12-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-26-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed L. McEisul

Licensed Embalmer No. 823

P. O. Address Brunswick, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28003
Registrar's No. 28

Registration District No. 169

Primary Registration District No. 5235

1. PLACE OF DEATH

- (a) County Chariton
(b) City or town Brunswick rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Sarah E Carr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced sm
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day _____ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ live on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma of the bronchus
Due to carcinoma of the left breast

Due to Primary site of Carcinoma
Other conditions was the left breast. a radical mastectomy had been performed at the Cancer hospital at Columbia in 1940
Major findings: performed at the Cancer hospital at Columbia in 1940
Of autopsy 1940
50-

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

W. V. Stewart M. D.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862. The letter is a copy of the original, and is dated January 3, 1862.

2. The second part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

3. The third part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

4. The fourth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

5. The fifth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

6. The sixth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. The letter is addressed to the Senate and the House of Representatives, and is signed by Abraham Lincoln. The letter is a copy of the original, and is dated January 3, 1862.

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